



**State Need Based Grant Certification for 2008-2009**

*(Required for all SNBG Recipients)*

***We must receive this signed form within twenty-one (21) days from the date of the award notification. Failure to return this form within the 21 days may result in the cancellation of the State Need Based Grant award.***

As a State Need Based Grant recipient, I certify that I have not been convicted of any felonies. Further, I certify that I have not been convicted of any second or subsequent alcohol or drug related misdemeanor offense during the preceding calendar year defined as 12 months from the date of the start of school for the period of this award. If I am adjudicated delinquent or am convicted or plea guilty or nolo contendere to any felonies or a second alcohol or drug related misdemeanor offenses under the laws of this or any other state, I agree to notify the Financial Aid Office by the start of school. I hereby give permission for a background check to be conducted to verify the above. I understand additional information may be requested after the background check has been conducted.

Any false information provided by the student or any attempt to expend any grant funds for unlawful purposes or any purpose other than in payment or reimbursement for the cost of attendance at the institution authorized to award the grant will be cause for immediate cancellation. Any student who obtained a grant through means of a willfully false statement or failure to reveal any material fact, condition, or circumstances affecting eligibility will be subject to applicable civil or criminal penalties, including retroactive loss of the grant.

As a State Need Based Grant recipient, I certify that I have not received the grant for more than eight (8) full-time equivalent terms. If you have questions regarding the number of terms you have been awarded a State Need Based Grant, please contact your financial aid office.

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*Please check one:*

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I certify that I **DO** meet the above requirements for the State Need Based Grant.

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I certify that I **DO NOT** meet the above requirements. Please cancel my State Need Based Grant.

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*The Palmetto Fellows, the State Need Based Grant, the LIFE Scholarship and the HOPE Scholarship are dependent upon the availability of funds to be appropriated by the South Carolina Legislature.*

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